The Commonwealth of Massachusetts
Disabled Persons Protection Commission

REPORT OF DEATH OF A DISABLED PERSON

When completed, this form should be mailed or FAXED to:
Intake Unit, DPPC, 50 Ross Way, Quincy, MA 02169 * FAX: (617) 727-6469

Reporter:
Name:
Address:

Telephone: ( )

Relationship to disabled person:

Disabled Person:
Name:
Address:

Telephone: ( )
Sex: ( ) Male ( ) Female DOB:
Age: Marital Status:

Disability: (check as apply)
( ) Mental Retardation ( ) Mental Illness
( ) Mobility ( ) Head Injury
( ) Visual ( ) Deaf / Hard of Hearing
( ) Comm'n. Disorder ( ) Other

Place where disabled person died:
Address:

Telephone: ( )

DATE disabled person died:
TIME disabled person died: am ( ) pm ( )

State agency which served disabled person at time of death: (if any)
( ) Dept. of Mental Health ( ) Mass Comm./Blind
( ) Dept. of Mental Retardation ( ) Mass. Comm./Deaf/HH
( ) Mass. Rehab. Comm. ( ) Unknown
( ) Dept. of Correction ( ) Other (specify)
( ) Dept. of Public Health ( ) None

Provider agency serving disabled person at time of death:
Name of agency:

Address:

Telephone: ( )

Service Coordinator/Case Manager: (if any)
Name:

Telephone: ( )

Has the local police department been notified of the death?
( ) Yes ( ) No If no, you must notify the police about the death.

How did you learn about the death?

Has the medical examiner been notified?
( ) Yes ( ) No

Please list witnesses to the death: (if any)

Client's Guardian(s): (If any)
Name(s):
Address:

Telephone: ( )

Client's primary care physician:
Name(s):
Address:

Telephone: ( )

Cause of death: (If known)

Please describe the circumstances of the death on the back side of this form.

An oral report of the death is also required. Please call 800-426-9009.

NARRATIVE REGARDING DEATH

(Please describe the circumstances of the death, including any behavioral interventions, the course of medical treatment, any emergency medical response and any unusual or suspicious circumstances.)

Was an oral report filed with the DPPC?

( ) Yes ( ) No If yes, please note date and time of call: